

SCHEDULE A-P
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RON DESANTIS FOR PRESIDENT**A.** Full Name (Last, First, Middle Initial)**SCHAFFER, ANNIE, , ,**

Mailing Address 612 LAKE AVE

City

WILMETTE

State

IL

Zip Code

60091-1722

FEC ID number of contributing
federal political committee.**C**

Name of Employer

SAINT JAMES LUTHERAN CHURCH

Occupation

NURSERY WORKER

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.90

Transaction ID : SA17A.97160

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)**SCHAFFER, JUDITH, L., DR.,**

Mailing Address 6708 VIA REGINA

City

BOCA RATON

State

FL

Zip Code

33433-3925

FEC ID number of contributing
federal political committee.**C**

Name of Employer

LENS CRAFTERS

Occupation

OPTOMETRIST

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17A.101464

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)**SCHAR, DWIGHT, C., ,**

Mailing Address 505 S FLAGLER DR SUITE 900

City

WEST PALM BEACH

State

FL

Zip Code

33401-5948

FEC ID number of contributing
federal political committee.**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13200.00

Transaction ID : SA17A.102029

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

CONTRIBUTION

Amount of Each Receipt this Period

13200.00

☐ Memo Item

REATTRIBUTION / REDESIGNATION REQUESTED

Subtotal Of Receipts This Page (optional).....

14250.00

Total This Period (last page this line number only)